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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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1.	NAME OF		
	COMMITTEE	(in	full

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

[C,A,M,P,A,I,G,N, F,O,R, A,M,E,R,I,C,AN, V,A,L,U,E,S, P,A,G,			
ADDRESS (number and street) 2,8,0,0, S, S,H,I,R,L,I,N,G,T,O,N, R,D, #,9,3,0,			
Check if different than previously reported. (ACC) Check if different than previously reported. (ACC) A,R,L,I,N,6,T,0,N, V,A 2,2,2,0,6 - ,			
2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲			
C 0 0 4 8 9 6 1 7 3. IS THIS NEW (N) OR (A)			
4. TYPE OF REPORT (Choose One) (a) Quarterly Report (Q1) Quarterly Report (Q2) Quarterly Report (Q3) Quarterly Report (Q3) Quarterly Report (Q3) Quarterly Report (YE) Termination Report (TER) (b) Monthly Report (M2) Mar 20 (M2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Primary (12P) General (12G) Report (12R) Primary (12P) Special (12S) (d) 30-Day POST-Election Report (Non-election Year Only) (MY) Report Year Only) General (30G) Report (30R) Report (30R) Special (30S) Report (50 PC) Special (30C) Report (50 PC) Special (30C)			
5. Covering Period 10 14 2010 through 111 22 2010			
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.			
Type or Print Name of Treasurer DORLE BLACK Signature of Treasurer Date Date Date 12 / 02 / 20 0 NOTE: Submission of false, arroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.			
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